

Carers' Assessment Form



You are a “**carer**” if you look after a relative, friend or disabled child who needs support to live at home. Surrey County Council Social Services may be able to help make things easier for you, or put you in touch with another organisation that can help.

We may be able to provide services to the person you care for. We may also be able to provide services for you.

To work out what services would be helpful in your situation, social services need to discuss:

- the help the person you care for needs
- the help you are giving at the moment
- the services that we could provide.

The way this is done is called an “**assessment**.”

What your assessment is for

A carer’s assessment is your opportunity to tell social services about the things that could make caring easier for you. This form should be completed by you together with a professional. There is also an optional “24 Hour Diary” which can be used if this helps.

Some things you may want to think about

- Do you get enough sleep?
- Is your health affected in other ways?
- Are you able to get out and about?
- Do you get any time for yourself?
- Are your other relationships affected?
- Do you want information about benefits?
- Are you worried you may have to give up work?
- Is the person you care for getting enough help?

Services that might help you

- Services that give you a break
- Emotional support from other carers or people who understand
- Help with household tasks
- Help with caring tasks during the day/night
- Benefits advice
- Activities for the person you care for

For up to date information about carers’ issues see www.carersnet.org.uk

CARERSNET



The Website for Carers

Tasks and frustrations involved in caring

How is your relationship with the person for whom you care affected by caring?

Your understanding of their needs

Other pressures on your family, work and other commitments

Information or advice about returning to work or retraining issues

Financial problems

Need for practical help

Accommodation

Your leisure

Caring skills

Moving and handling

Contingency Planning
(for example, what would happen if you were ill and unable to care?)

Please say what help you the carer would like

CONFIRMATION OF, AND PERMISSION TO SHARE INFORMATION

The information you have given is confidential. It will only be shared with your permission if it relates to the provision of services.

Please state your wishes as follows:

- I do wish information to be shared with both the person I care for and others who will provide services.
- I do NOT wish some/all* information to be shared with the person I care for.
- I do NOT wish some/all* information to be shared with others.

Please specify which sections you do NOT wish to be shared.

** Delete as appropriate*

Professional completing this form:-

NAME	SIGNATURE
DATE	

Carers completing this form please sign below:-

NAME	SIGNATURE
Relationship to PERSON YOU CARE FOR	DATE

To be completed by the carers

Unresolved issues which the carer would like recorded	
Are there any unresolved issues?	<input type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No
<i>If Yes, please say what they are</i>	